



**REQUEST FOR EXCEPTION TO PROVIDE FOSTER CARE**

Name of Facility Exactly as stated on the License		License Number	
Street Address of the Facility	City	Zip Code	Phone
Sponsoring Child Placing Agency (CPA)	CPA Licensing Worker Name and Phone Number		

**Please complete all of the following information with your Sponsoring Child Placing Agency Worker and return to your Child Care Surveyor.** DO NOT send this request directly to KDHE. Incomplete requests will increase the time required to review the exception request. **NOTE:** A new exception request must be submitted if the Child Placing Agency Sponsorship changes or if the terms of an exception changes.

**THIS SECTION MUST BE COMPLETED BY THE CHILD CARE PROVIDER(S):**

I/We request a \_\_\_\_\_ new OR \_\_\_\_\_ renewed exception to foster because (please check the appropriate response):

- \_\_\_\_\_ A child(ren) or child(ren)'s family is known to our family and is in need of a foster home.
- \_\_\_\_\_ I/We have been identified as a possible adoptive resource for a child(ren) in foster care.
- \_\_\_\_\_ A child(ren) enrolled in the facility is in need of a foster home.
- \_\_\_\_\_ I/We only want to provide respite care per K.A.R. 28-4-812. (This is noted as a condition on the exception.)

I/We attest to the following (please answer Y for Yes or N for No):

- \_\_\_\_\_ I/We have been a licensed child care facility for a year or longer.
- \_\_\_\_\_ I/We have maintained compliance with KDHE regulations that apply to the child care license.  
(An Administrative review will be conducted by KDHE to verify compliance history.)
- \_\_\_\_\_ I/We have notified parents of all children enrolled in the facility of my/our desire to provide foster care.
- \_\_\_\_\_ I/We understand an exception to foster cannot cause the facility to exceed maximum license capacity.

I/We attest, under the penalty of perjury, that the information submitted on this form is true and correct.

Provider(s) Signature(s)	Date
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**THIS SECTION MUST BE COMPLETED BY THE CPA LICENSING WORKER:**

I attest that (please answer Y for Yes or N for No):

- \_\_\_\_\_ I have verified that the providers are PS-MAPP certified. Both the PS-MAPP evaluator and sponsoring CPA Licensing Worker have given a recommendation that the family provide foster care.
- \_\_\_\_\_ I have clearly stated why the exception is necessary and the relationship, if any, of the child(ren) to the provider(s).
- \_\_\_\_\_ I have thoroughly discussed the potential impact that providing two types of care may have on children enrolled in the facility, the foster children placed in the home, and the provider(s) own family. I have provided guidance for requesting an exception to provide foster care to the provider(s).
- \_\_\_\_\_ I have completed an assessment of the family that includes (please attach the assessment with any addendums and the necessary documentation if respite care is being requested):
  1. The Recommendations for Use which excludes placement of children who exhibit behaviors that pose a potential risk of harm to children in out of home child care.

2. Verification the provider(s) acknowledge(s) that any foster child(ren) to be placed in the home over the age of 10 is/are required to be submitted to KDHE for a background check according to K.A.R. 28-4-125 prior to placement. Prohibiting offenses pursuant to K.S.A. 65-516 will prevent the approval of an exception to foster.
3. A plan that addresses who will be available to provide substitute care to all children in the home in accordance with both day care home and family foster home regulations in the event that an emergency situation arises with either a day care child or a child in foster care.
4. A recommendation that the family has the ability and necessary resources to provide quality care for all children while maintaining stability within their own family.

I attest, under the penalty of perjury, that the information submitted on this form is true and correct.

Sponsoring CPA Licensing Worker Signature	Date
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**THIS SECTION MUST BE COMPLETED BY THE CHILD CARE LICENSING SURVEYOR:**

**Recommendation:**

- ☐ Recommend Approval  
☐ Do Not Recommend Approval

**Comments** (compliance history and observations made in the home; attach additional page if necessary):

Child Care Surveyor Signature	Date
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**THIS SECTION MUST BE COMPLETED BY KDHE ADMINISTRATIVE STAFF:**

**Request INCOMPLETE:**

- ☐ Additional Information was requested from the Sponsoring CPA.  
☐ The exception request was submitted without the child care surveyor recommendation.  
☐ There was no assessment attached.  
☐ Other (describe):

**Request NOT GRANTED:** An Administrative review of this request was conducted on \_\_\_\_\_. Based on the review and supporting documentation, the request is not granted in the best interest of children for the following reason(s):

**Request GRANTED:** An Administrative review of this request was conducted on \_\_\_\_\_. Based on the review and supporting documentation, the request is granted in the best interest of children.

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Additional condition(s) to be noted on the exception:

KDHE Authorized Child Care and Foster Care Signature(s)	Date
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